Think First...

Last!

Application for General Use Pesticide Dealer License

22 MRSA 1471-W requires licensing of companies which distribute general use pesticides in the State of Maine. If you intend to distribute pesticides other than those listed in the exemptions, please type or print the requested information and check all boxes that apply. Then mail the completed application with a check payable to Treasurer State of Maine to this address: Board of Pesticides Control, 28 State House Station, Augusta, ME 04333-0028.

Please fill in any blan	ks and correct any info	ormation that has chan	ged. Check here if any	ything has changed.
Company Name			Federal ID # Require	ed
Headquarters Address (if applies)		City	State	Zip Code
Main Physical Location (If	applies)	City	State	Zip Code
Business Mailing Address	<u> </u>	City	State	Zip Code
	Person Respons	sible For Sale or I	Distribution of Pe	esticides
Company Contact Name	any Contact Name		mber Company E	-mail Address
Branch Contact Name		Branch Telephone Numb	er Branch E-m	nail Address
Application For:		0 fee (No Report Required) 20.00 fee (You must comple se \$5.00 fee		on)
Sales Report Status: Required: Check One	Report is Enclosed No Pesticides Sold or Offered for Sale No Reportable Sales			
Please list all comp	oanies from which you receive p	pesticides and/or to which you	distribute pesticides (Name, Ad	dress and Phone Number):
		For Board Us	e Only	
Check Number	Check	k Date	Check Amount	
Sales Report				
License ID	Audit Number	Date Sent	Issue Date	Expiration Date